

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 Elizabeth Rd.
Mt. Clemens, MI 48043
586-469-5236

APPLICATION FOR ENVIRONMENTAL HEALTH INSPECTION
DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES

Facility Name: _____

License #: _____

Address: _____

Type: _____

City, State, Zip: _____

Facility Phone # _____

Owner: _____

Home Phone # _____

Address: _____

City, State, Zip: _____

I hereby request the following services at the above facility:

<input type="checkbox"/>	Environmental Health Inspection Report Water Supply and Sewage Disposal/General Sanitation and Safety (Part A and B)	<u>2006 Fee*</u> \$151.00
<input type="checkbox"/>	Environmental Health Inspection Report Water Supply and Sewage Disposal (Part A only)	\$ 76.00
<input type="checkbox"/>	Re-inspection	\$ 76.00

Mail report to: Facility address _____

Other _____

Owner or Authorized Agent

Date

***Make checks payable to: Macomb County Health Department**

MACOMB COUNTY HEALTH DEPARTMENT USE ONLY			
Date Rec'd _____	Amount Rec'd _____	Receipt # _____	By _____